

Application granted.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SO ORDERED.

Cathy Seibel
CATHY SEIBEL, U.S.D.J.**Melvin L. Virgil**

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

22 CV 3169 (CS) ()

4/19/22

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

Aaron Finn, Alexander J Constantini, P. Landgdon,and John Doe 1-8

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☒ Yes ☐ No (If "No," go to Question 2.)

I am being held at:

Elmira Correctional FacilityDo you receive any payment from this institution? ☒ Yes ☐ NoMonthly amount: \$6.00 as a porter

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☒ Yes ☐ No

If "yes," my employer's name and address are:

Elmira Correctional Facility, 1879 Davis Street, Elmira, NY 14901Gross monthly pay or wages: \$6.00 as a porter

If "no," what was your last date of employment? _____

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes☒ No

(b) Rent payments, interest, or dividends

☐ Yes☒ No

- (c) Pension, annuity, or life insurance payments ☐ Yes ☒ No
- (d) Disability or worker's compensation payments ☐ Yes ☒ No
- (e) Gifts or inheritances ☐ Yes ☒ No
- (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) ☐ Yes ☒ No
- (g) Any other sources ☐ Yes ☒ No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

My six dollars a month and the funds in my inmate account.

4. How much money do you have in cash or in a checking, savings, or inmate account?

\$ 149.48

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

No

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

No

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

No one

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Commissary Expense - NY Department of Corrections \$23.56 Medical Records - NY Department of Corrections \$79.75
Postage - NY Department of Corrections \$14.91 Legal Copies - NY Department of Corrections \$305.22
Surcharges Erie County and Washington County \$155.00*

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

4-17-22

Dated

Virgil, Melvin, L.

Name (Last, First, MI)

1879 Davis Street

Address

Elmira

City

NY

State

14901

Zip Code

Signature

96-B-2200

Prison Identification # (if incarcerated)

Telephone Number

E-mail Address (if available)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Melvin L. Virgil

(full name of the plaintiff/petitioner)

-against-

Aaron Finn, Alexandar J. Constantini,

P. Langdon, and John Doe 1-8

(full name(s) of the defendant(s)/respondent(s))

CV () ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

PRISONER AUTHORIZATION

By signing below, I acknowledge that:

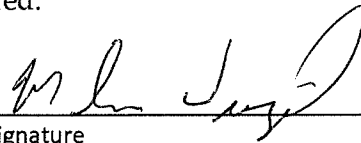
- (1) because I filed this action as a prisoner,¹ I am required by statute (28 U.S.C. § 1915) to pay the full filing fees for this case, even if I am granted the right to proceed *in forma pauperis* (IFP), that is, without prepayment of fees;
- (2) the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.

I authorize the agency holding me in custody to:

- (1) send a certified copy of my prison trust fund account statement for the past six months (from my current institution or any institution in which I was incarcerated during the past six months);
- (2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.

This authorization applies to any agency into whose custody I may be transferred and to any other district court to which my case may be transferred.

4-17-22
Date


Signature

Virgil, Melvin L.

Name (Last, First, MI)

96-B-2200

Prison Identification #

1879 Davis Street

Elmira

NY 14901

Address

City

State

Zip Code

¹ A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).